



Post-Surgery Period after Anterior Colporrhaphy, Posterior Colpoperineolevatoroplasty in a Group of Women with Different Ages

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Abstract: Anterior colporrhaphy and posterior colpoperineolevatoroplasty are procedures aimed at correcting muscle insufficiency located on the front and back walls of the vagina. Many modified methods of performing this practice are used worldwide. In improving the quality of life of patients, not only the method of performing the operation, but also the rehabilitation period after the operation plays an important role. In this article, the course of the procedure and the postoperative period were analyzed in women who underwent anterior colporrhaphy, posterior colpoperineolevatoroplasty.

Key words: Anterior colporrhaphy, posterior colpoperineolevatoroplasty, muscle insufficiency, quality of life, rehabilitation period.

Introduction. Although prolapse of pelvic organs does not require urgent help, it has a significant negative impact on the quality of life of women. Globally, 40% of women suffer from this disease [1], but these numbers are only those who go to the doctor with a complaint. The actual statistical indicator may be much higher. In 2017 alone, about 200,000 surgeries were performed in the USA due to pelvic organ prolapse. It is estimated that by 2050, the number of people suffering from this problem will reach 4.9 million [2]. Pelvic organ prolapse quantification (POP-Q) system refers to an objective, site-specific system for describing, quantifying, and staging pelvic support in women [3]. The POP-Q system has attracted the attention of specialists around the world, having received the approval of the International Urinary Incontinence Society (ICS), the American Urogynecological Society (AUGS) and the Society of Gynecological Surgeons for describing female pelvic organ prolapse. This is the most common system used by gynecologists and urogynecologists, although other systems have been developed [4]. Currently, the main part of the surgical procedures used in the reconstruction of the prolapse of the pelvic floor muscles is the treatment with the help of a mesh and the help of native tissues. Regardless of the method of surgery, the rehabilitation period after surgery has a significant impact on the quality of life. The conclusions of the retrospective cohort study conducted in 2021 showed that, regardless of the type of operative practice, the observed complaints during the rehabilitation period did not differ significantly [5]. However, according to results of Dr. Maher and his team from Wesley hospital, no surgery is without risk and the main potential complications are listed below:

- 5-15% women will develop recurrent prolapse;
- Mesh erosion/infection 5-10%; simple resuturing is usually sufficient but if infection persists further surgery may be required to remove the mesh;
- 1-5% develop a urinary tract infection;
- After a large prolapse is repaired urinary leakage may develop that was not present before the surgery 5%;
- Difficulties passing urine necessitating prolonged self-catheterisation postoperatively 1%;
- 1-5% constipation or failure to correct symptoms like incomplete bowel evacuation;
- Inadvertent damage to bladder, urethra, bowel or ureters occurs rarely and is usually repaired during surgery but further surgery may be required;
- Very rarely further surgery can be required to close a fistula (false tract between vagina and bladder or bowel) (1-2/1000 cases);
- Excessive bleeding requiring blood transfusion is uncommon (<1%);
- Clots can form in the legs or lungs after surgery;
- Ongoing vaginal pain and/or persistent pain during intercourse (1-5%) that is difficult to treat and may require further surgeries [6].

Materials and methods. This study was performed in the gynecology department of the maternity complex of the multidisciplinary clinic of the Tashkent Medical Academy. In the course of research were analyzed retrospectively the medical histories of 60 patients, who underwent surgical therapy because of pelvic organ prolapse with second, third and four stage according to POP-Q classification. These all reconstructive operations on the pelvic floor had were done with the help of native tissue from 2019 to 2022. During the analysis, the total time of the surgical operation, the volume of lost blood, the period observed in the hospital after the operation, and the complaints encountered by the patients during hospitalization were studied.

Results. The average age of the examined group of women was 47 ± 2 years. During the research, it was detected that, the average duration of the operation was 155 minutes, the longest operation was 220 minutes, and the shortest was 100 minutes. However, it should be noted that the volume of operations lasting longer than 150 minutes was not only anterior colporrhaphy and posterior colpoperineolevatoroplasty. During the operation, procedures such as sterilization of uterine tubes (laparoscopic and laparotomy), total hysterectomy with uterine excess per vaginum, rupture of the capsule of Bartholi cyst, and laparoscopic cystectomy were performed.

Table 1. Average duration of the operation

№	Duration in minutes	Number of patients	%
1	100	3	5
2	120	6	10
3	125	6	10
4	135	12	20
5	145	3	5
6	150	3	5
7	180	3	5
8	190	9	15
9	215	8	13.3
10	220	1	16.7

Taking this into account, the volume of blood lost during the operation was in accordance with the size of the operation. The average amount of blood lost was 334.15 ml. The largest indicator of blood loss was 500 ml, and anterior colporrhaphy, posterior colpoperineovectoroplasty operation was performed together with per vaginam total hysterectomy operation.

Table 2. The average amount of blood lost

Nº	Amount of losing blood	Number of patients	%
1	233	3	5
2	250	9	15
3	280	3	5
4	300	21	35
5	350	3	5
6	400	12	20
7	420	3	5
8	450	3	5
9	500	3	5

The main complaints observed in the postoperative period: pain in the surgical area, redness, difficulty in urinating, increasing of body temperature, general weakness. Data about complains of patients during 1 week after operation are given in the table 3.

Table 3. Complains of patients during 1 week after operation

Nº	Complains	Number of patients	%
1	Pain in the surgical area	60	100
2	Redness in the surgical area	28	46.7
3	Difficulty in urinating	22	36.7
4	Increasing of body temperature	5	8.33
5	General weakness	42	70
6	Increasing of blood pressure	12	20
7	Dizziness	3	5

The duration of hospital stay in the postoperative period was 5 days in 90% of patients. Only 10% of patients have a hospitalization period of 6-7 days, all of them are associated with related somatic diseases.

Conclusion. Pelvic organ prolapse has a negative impact not only on the quality of life of women, but also on their social, social and psychological condition. In most cases, various complications and complaints are encountered during the rehabilitation period after the operation. This, in turn, has a more negative effect on patients. For this reason, it is necessary to pay special attention not only to the method of operation and the process of execution, but also to the rehabilitation period in patients suffering from prolapse.

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